Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAT			
TOTAL CLAIMS							R	ATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		×	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		×	X43=		OR	X86=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	45=		OR	+290=	
• If	the difference	in column 1 is	less than ze	n zero, enter "0" in column 2			TC	TAL		OR	TOTAL	7711
CLAIMS AS AMENDED - PART II											OTHER	
4-	28-06	(Column 1)		(Colun		(Column 3)	SN	IALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID I	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 15	Minus	* 0	20	= \	X	9= `		OR	X\$18=\	
	Independent	· 2	Minus	***	<u>3</u>	= \	X	43=		OR	X86=	\
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	45=		OR	+290=	
						-		TOTAL	 \		TOTAL	\
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDI	T. FEE		On	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO • PAID I	EST BER DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X	9=		OR	X\$18=	
	Independent	NTATION OF ML	Minus	***	CLAIM	[-	X4	13=		OR	X86=	
	FIRST PRESE	NIATION OF MIC	DETIFIED DET	·	CLAIN		+1	45=		OR	+290=	•
						; ,		TOTAL T. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)	_		,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	## _L		=	· X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	•	=	X4	3=		OR	X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The *Highest Num	nber Previously Pai	d For" (Total o	Independe	ent) is the	highest numbe	r found in	the ap	propriate box	c in co	lumn 1.	

Application or Docket Number